

# EXHIBIT 9

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Jose Ramon Carrion Diaz

Participant's Address:

P.O. Box 1454 Juncos P.R. 00777

Participant's Email Address:

josecarrion933@gmail.com

Name of Counsel:

\_\_\_\_\_

Address of Counsel:

\_\_\_\_\_

Email Address of Counsel:

\_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

\_\_\_\_\_

Nature of Claim:

\_\_\_\_\_

By:

[Signature]

Signature

Jose Ramon Carrion Diaz

Print Name

Teacher Employees Retirement System of Puerto Rico

Title (if Participant is not an individual)

30/Aug/2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

PR 1845 SRF 55176 PACKID: 89094 MMLID: 1860227-P SVC: ADSHN-Q  
CARRION DIAZ, JOSE R.  
PO BOX 1454  
JUNCOS PR 00777

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